

**APPLICATION FOR RENEWAL OF  
ASSISTED LIVING ADMINISTRATOR LICENSE**

**Office Use Only**

Status \_\_\_\_\_

Serial# \_\_\_\_\_

(Please print clearly or type all answers – if there is not sufficient space, use additional sheets and number accordingly.)

ALA License # \_\_\_\_\_ License Expiration Date \_\_\_\_\_ SSN # \_\_\_\_\_

In accordance with **Rule 135-X-7-.01(3) of the Alabama Administrative Code**, I hereby make application for renewal of my license as an assisted living administrator with the Alabama Board of Examiners of Assisted Living Administrators.

NAME \_\_\_\_\_  
(Last) (First) (Middle)

**Please give current mailing address.**

ADDRESS \_\_\_\_\_  
(Street / PO Box) (City)  
\_\_\_\_\_  
(State) (Zip Code) (Telephone with Area Code)

**Please give current address of employment.**

NAME OF FACILITY OR BUSINESS \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_  
(Street) (City)  
\_\_\_\_\_  
(State) (Zip Code) (Telephone with Area Code)

During the last year, have you been convicted of a felony or misdemeanor (other than minor traffic violation); entered a plea of guilty; entered a plea under a first offender provision, been a defendant in a malpractice claim or had a professional license or membership sanctioned either publicly or privately?

☐ **NO**      ☐ **YES**      If YES, attach copy of relevant documents.

In addition to this license, I hold the following other professional licenses:

LICENSE: \_\_\_\_\_;  
(Title) (Number) (State)  
\_\_\_\_\_  
(Title) (Number) (State)

☐ **NOT APPLICABLE**

This renewal application and required fee of \$150.00 must be mailed to the BOE and **postmarked prior to the expiration date of current license.**

Alabama Board of Examiners of Assisted Living Administrators  
5921 Carmichael Road  
Montgomery, Alabama 36117